

## MEDICAID DURABLE MEDICAL EQUIPMENT (DME) AND SUPPLIES LISTING

The following listing, based upon the Healthcare Common Procedure Coding System (HCPCS), describes equipment and supplies, coverage limitations, and service authorization (SA) requirements. The DME Listing HCPCS codes must be used for all Medicaid claims, regardless of whether Medicare uses the same HCPCS code for the item. Service authorization by Medicaid is not required when Medicare is the primary payer. Reimbursement for Medicare crossover claims will be made in accordance with established Medicare HCPCS codes and guidelines.

When extended utilization or unusual amounts or types of equipment or supplies are required, the provider must request service authorization from the Department of Medical Assistance Services' (DMAS) service authorization contractor. Instructions regarding service authorization may also be found in Appendix D of this Provider Manual. Items not identified in the listing require service authorization and may be submitted for service authorization under the appropriate miscellaneous HCPCS code. Lack of a specific HCPCS code for the item does not determine coverage. The appropriate miscellaneous code may be used and submitted for preauthorization.

Providers must maintain documentation in accordance with the coverage criteria, documentation requirements, and Certificate of Medical Necessity (CMN) requirements as defined in Chapters IV and VI of this Provider Manual, regardless of whether or not service authorization is required.

The key below identifies the codes used in the DME Listing.

- N = Service authorization is not required up to the established limit
- Y = Service authorization is required
- P = Purchase
- RR = \*Rental
- IC = Individual Consideration
- UCC = Usual and Customary Charge

\*Medicaid reimbursement for rental items is a daily rate. DMAS will not provide rental reimbursement for days on which the recipient did not use the item. Please reference rental versus purchase guidelines in Chapter IV of this Provider Manual for additional requirements.

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# **MEDICAID DME AND SUPPLIES LISTING**

<p align="center"><b>Bandages, Dressings, Gauze and Tape</b>  <b>UCC = Bill Usual and Customary Charge    IC = Individual Consideration</b></p>						
Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A4216	Sterile water, saline and/or dextrose, diluent/flush, 10 ml	Each	N	\$0.42	60/Month
	A4217	Sterile water/saline 500 ml	Each	N	<b>\$2.84</b>	60/Months
	A4244	Alcohol or peroxide, per pint	Per Pint	N	P- \$0.65	3/Month
	A4246	Betadine or pHisoHex solution, per pint	Pint	N	P- \$12.67	3/Month
	A4247	Betadine or iodine swabs/wipes, per box	Box of 50	N	P- \$6.93	3/Month
	A4450	Tape, non-waterproof, per 18 square inches	1 unit = 18 sq inches	N	P- \$0.11	120/Month
	A4452	Tape, waterproof, per 18 square inches	1 unit = 18 sq inches	N	P- \$0.40	120/Month
	A4461	Surgical dressing holder, non-reusable, each	Each	N	<b>\$3.30</b>	31/ Months
	A4463	Surgical dressing holder, reusable, each	Each	N	<b>\$13.34</b>	2/3 months
	A6010	Collagen based wound filler, dry form, per gram of collagen	Gram	N	<b>\$31.03</b>	4 Grams
	A6011	Collagen based wound filler, gel/paste, per gram of collagen	Gram	N	<b>\$2.29</b>	4 Grams
	A6021	Collagen dressing, <b>sterile</b> , pad size 16 sq. in. or less, each	Each	N	<b>\$21.06</b>	31/Month
	A6022	Collagen dressing, <b>sterile</b> , pad size more than 16 sq. in but less than or equal to 48	Each	Y	<b>\$21.06</b>	31/month
	A6023	Collagen dressing, <b>sterile</b> , pad size more than 48 sq. in., each	Each	Y	<b>\$190.67</b>	31/Month
	A6024	Collagen dressing wound filler, per 6 in	Each	N	<b>\$6.20</b>	31/Month
	A6025	Gel sheet, for dermal or epidermal applications, (e.g. silicone, hydrogel, other), each	Each	Y	\$25.69	31/Month
	A6154	Wound pouch, each	Each	N	<b>\$13.97</b>	15/Month
	A6196	Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing	Each	N	<b>\$7.37</b>	31/Month
	A6197	Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than 48 sq. in., each dressing	Each	N	<b>\$16.47</b>	31/Month
	A6198	Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in. each dressing	Each	Y	\$20.45	31/Month
	A6199	Alginate or other fiber gelling dressing, wound filler, per 6 inches	Each	N	<b>\$5.30</b>	31/Month
	A6203	Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Each	N	<b>\$3.38</b>	15/Month
	A6204	Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., any size with adhesive border, each dressing	Each	N	<b>\$6.24</b>	15/Month
	A6205	Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing	Each	Y	\$5.58	15/Month
	A6206	Contact layer, 16 sq. in. or less, each dressing	Each	Y	P- \$ IC	15/Month
	A6207	Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Each	N	<b>\$7.35</b>	15/Month
	A6208	Contact layer, more than 48 sq. in., each dressing	Each	Y	P- \$ IC	15/Month

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A6209	Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	N	<b>\$7.49</b>	12/Month
	A6210	Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$19.69</b>	12/Month
	A6211	Foam dressing, wound cover pad size more than 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$29.43</b>	12/Month
	A6212	Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Each	N	<b>\$9.73</b>	12/Month
	A6213	Foam dressing, wound cover, pad size more than 16 sq. in. but less than 48 sq. in. with any size adhesive border, each dressing	Each	Y	P- \$10.15	IC
	A6214	Foam dressing, wound cover pad size more than 48 sq. in., with any size adhesive border, each dressing	Each	N	<b>\$10.31</b>	12/Month
	A6215	Foam dressing, wound filler, per gram	Gram	Y	P- \$IC	4 Grams
	A6216	Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	N	P- \$0.05	600/Month
	A6217	Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Each	Y	P- \$IC	600/Month
	A6218	Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Each	Y	P- \$IC	600/Month
	A6219	Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Each	N	<b>\$0.96</b>	180/Month
	A6220	Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Each	N	<b>\$2.59</b>	180/Month
	A6221	Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing	Each	Y	P- \$IC	180/Month
	A6222	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	N	<b>\$2.13</b>	36/Month
	A6223	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$2.43</b>	36/Month
	A6224	Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$3.62</b>	36/Month
	A6228	Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	Y	P- \$IC	65/Month
	A6229	Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$3.62</b>	65/Month
	A6230	Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing	Each	Y	P- \$IC	65/Month

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	A6231	Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing	Each	N	<b>\$4.68</b>	31/Month
	A6232	Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq.in., each dressing	Each	N	<b>\$6.88</b>	31/Month
	A6233	Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing	Each	N	<b>\$19.22</b>	31/Month
	A6234	Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less without adhesive border, each dressing.	Each	N	<b>\$6.55</b>	12/Month
	A6235	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$16.85</b>	12/Month
	A6236	Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing	Each	N	<b>\$27.31</b>	12/Month
	A6237	Hydrocolloid dressing, wound cover, pad size 16 sq. in., or less, with any size adhesive border, each dressing	Each	N	<b>\$7.93</b>	12/Month
	A6238	Hydrocolloid dressing, wound cover, pad size more than 16 sq. in., but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Each	N	<b>\$22.84</b>	12/Month
	A6239	Hydrocolloid, dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Each	Y	P- \$IC	12/Month
	A6240	Hydrocolloid dressing, wound filler, paste, per fluid ounce	Ounce	N	<b>\$12.27</b>	12 Month
	A6241	Hydrocolloid dressing, wound filler, dry form, per gram	Gram	N	\$2.57	12 Month
	A6242	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	N	<b>\$6.08</b>	31/Month
	A6243	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in. without adhesive border, each dressing	Each	N	<b>\$12.35</b>	31/Month
	A6244	Hydrogel dressing, wound cover, pad size more than 48 sq. in. without adhesive border, each dressing	Each	N	<b>\$39.36</b>	31/Month
	A6245	Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Each	N	<b>\$7.28</b>	15/Month
	A6246	Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than 48 sq. in. with any size adhesive border, each dressing	Each	N	<b>\$9.95</b>	15/Month
	A6247	Hydrogel dressing, wound cover, pad size more than 48 sq. in. with any size adhesive border, each dressing	Each	N	<b>\$23.82</b>	15/Month
	A6248	Hydrogel dressing, wound filler, gel, per fluid ounce	Ounce	N	<b>\$16.28</b>	4 Ounces/Month
	A6250	Skin sealants, protectants, moisturizers, ointments, any type, any size	Each	N	P- \$5.80	2/Month
	A6251	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	N	<b>\$2.00</b>	180/Month

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	A6252	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than 48 sq. in. without adhesive border, each dressing	Each	N	<b>\$3.27</b>	180/Month
	A6253	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in. without adhesive border, each dressing	Each	N	<b>\$6.35</b>	180/Month
	A6254	Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing	Each	N	<b>\$1.21</b>	15/Month
	A6255	Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing	Each	N	<b>\$3.04</b>	15/Month
	A6256	Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing	Each	Y	P- \$IC	15/Month
	A6257	Transparent film, 16 sq. in. or less, each dressing	Each	N	<b>\$1.54</b>	31/Month
	A6258	Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing	Each	N	<b>\$4.32</b>	31/Month
	A6259	Transparent film more than 48 sq. in., each dressing	Each	N	<b>\$10.96</b>	31/Month
	A6260	Wound cleansers, any type, any size	IC	N	P- \$11.02	4/Month
	A6261	Wound filler, gel/paste, per fluid ounce, not elsewhere classified	Ounce	Y	P- \$3.35	4 Ounces/Month
	A6262	Wound filler, dry form, per gram, not elsewhere classified	Gram	Y	P- \$.63	4 Grams/Month
	A6266	Gauze, impregnated, other than water, normal saline, or zinc paste, any width, per linear yard	Per Linear Yard	N	<b>\$1.93</b>	50 Yards/Month
	A6402	Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing	Each	N	P- \$0.12	600/Month
	A6403	Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing	Each	N	\$0.42	300/Month
	A6404	Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing	Each	Y	P- \$.70	300/Month
	A6407	Packing strips, non-impregnated, up to two inches in width, per linear yard	Per Linear Yard	N	<b>\$1.88</b>	50 Yards/Month
	A6410	Eye Pad, sterile, each	Each	N	\$0.39	15/Month
	A6411	Eye Pad, non-sterile, each	Each	Y	P- \$.16	15/Month
	A6412	Eye Patch, occlusive, each	Each	Y	P- \$IC	15/Month
	A6413	Adhesive bandage, first-aid type, any size, each	Each	Y	P- \$IC	15 Month
	A6441	Padding, bandage, non-elastic, non-woven/non-knitted, width greater than or equal to three inches and less than five inches, per yard	Per Linear Yard	N	\$0.68	144 Yards/Month
	A6442	Conforming bandage, non-elastic, knitted/woven, non-sterile, width less than three inches per yard	Per Linear Yard	N	P- \$0.16	144 Yards/Month
	A6443	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to three inches and less than five inches, per yard	Per Linear Yard	N	\$0.28	144 Yards/Month

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Old HCPCS Code	New HCPCS Code	Description	Billing Unit	SA Type	Fee	Limit
	A6444	Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to five inches, per yard	Per Linear Yard	N	\$0.56	144 Yards/Month
	A6445	Conforming bandage, non-elastic, knitted/woven, sterile, width less than three inches, per yard	Per Linear Yard	N	\$0.32	144 Yards/Month
	A6446	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to three inches and less than five inches, per yard	Per Linear Yard	N	\$0.41	144 Yards/Month
	A6447	Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to five inches, per yard	Per Linear Yard	N	\$0.68	144 Yards/Month
	A6448	Light compression bandage, elastic, knitted/woven, width less than three inches	Per Yard	N	<b>\$1.16</b>	2/3 Months
	A6449	Light compression bandage, elastic, knitted/woven, width greater than or equal to three inches and less than five inches, per yard	Per Yard	N	<b>\$1.76</b>	2/3 Months
	A6450	Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard	Per Yard	Y	<b>P- \$1.76</b>	2/3 Months
	A6451	Moderate compression bandage, elastic, knitted/woven, load resistance of 1.25 to 1.34 foot pounds at 50 percent maximum stretch, width greater than or equal to 3 in. and less than 5 in.	Per Yard	Y	<b>P- \$1.76</b>	IC
	A6452	High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50 percent maximum stretch, width greater than or equal to 3 in. and less than 5 in.	Per Yard	N	<b>\$5.92</b>	2/3 Months
	A6453	Self-adherent bandage, elastic, non-knitted/non-woven, width less than 3 in.	Per Yard	N	\$0.62	2/3 Months
	A6454	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 3 in. and less than 5 in.	Per Yard	N	<b>\$0.78</b>	2/3 Months
	A6455	Self-adherent bandage, elastic, non-knitted/non-woven, width greater than or equal to 5 in.	Per Yard	N	<b>\$1.40</b>	2/3 Months
	A6456	Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to 3 in. and less than 5 in.	Per Yard	N	<b>\$1.27</b>	2/3 Months
	A6457	Tubular dressing with or without elastic, any width	Per Linear Yard	N	<b>\$1.14</b>	2/3 Months
Z4417	E1399	Clamp, Cannula	Each	Y	P- \$IC	1/Month
Y0516	E1399	Sterile Barrier Fields, Any Size	Each	Y	P- \$0.55	120/Month
Y0357	E1399	Sterile Q-Tips	Box of 100	Y	P- \$4.77	1/Month
Y0510	E1399	Sterile Specimen Cups	Each	Y	P- \$0.22	31/Month
Y0542	E1399	Steri-Strip Skin Closures	Env. (of 12)	Y	P- \$2.83	1/Month
Y0547	E1399	Suture Removal Tray	Each	Y	P- \$1.99	15/Month
Y0508	E1399	Twill Tape	Roll	Y	P- \$11.39	1roll/2 Months
Changes						
Changes marked in bold are effective 1/1/2018.						
<b>Reminder:</b> Wound care supplies used by the home health agency during their visit are included in the home health reimbursement rate. See Chapter IV of the Medicaid Durable Medical Equipment and Supplies Manual.						